

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
10/15/20901	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
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TOTAL IND.			/			
TOTAL DEP.			10			
TOTAL CLAIMS			11			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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